

Waiver of Enrollment Form for Premium Conversion Plan

Please do not enroll me in the benefit plan available to me under Fermilab's Premium Conversion Plan, which allows me to pay my premium contributions before taxes are applied to my earnings.

My signature below indicates that I have read and understand this benefit rejection form and the descriptive material provided with it. This rejection of benefits is binding on me and cannot be revoked or modified until the next enrollment period.

I also understand that I can elect to pay my premium contributions on a pre-tax basis in the future only during an open enrollment period or when a life status change occurs.

Print Name

Employee Signature

Date

Employee I.D. Number